Social functioning of people with mental disorders

(Funkcjonowanie społeczne osób z zaburzeniami psychicznymi)

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Abstract – Introduction. Man is a social being and, as such, he functions in different roles, groups, relations or communities, he is an integral part of the surrounding world, with which he must constantly communicate. Society needs an individual to be able to define his or her life goals, ways of daily life, patterns of behaviour. It is in society that the individual satisfies his or her needs and can develop. Human relationships with the environment are characterized by, among others, social skills, social adaptation or wider social functioning.
Aim of the study. The aim of this work was to present the social issues of significance and perception of mental illness, to draw attention to the stereotypical social vision of a mental illness patient, to outline forms of organization of care for people with mental disorders, and to the issues of quality of life of mental illness patients.
Selection of materials. The search was conducted in the Scopus database for the period 2006-2020, using the concepts of *mental illness, social perception of illness, social stereotypes of vision of a mental illness patient*. The literature found in the Google Scholar database was analysed for the highest number of quotations. From such a selection of literature, studies were selected which, in the opinion of the authors, would be most useful in the preparation of this study.
Conclusions. The pursuit of happiness and life's satisfaction is one of man's main aspirations. The effect of these actions depends on the current state of satisfaction of given needs, which mainly determines the full satisfaction of an individual. The method of assessing satisfaction or lack of satisfaction uses elements of subjective evaluation of a patient. Research on the quality of life concerns precisely these subjective feelings of patients and looking at the disease from their perspective. Quality of life assessment is a measure of the life situation.

Key words **-** mental illness, social perception of illness, social stereotypes of vision of a mental illness patient**.**

Streszczenie – Wprowadzenie. Człowiek jest istotą społeczną i jako taka istota funkcjonuje w różnych rolach, grupach, relacjach czy społecznościach, jest integralną częścią otaczającego świata, z którym stale musi się komunikować. Społeczeństwo jest potrzebne jednostce aby mogła ona określić swe cele życiowe, sposoby codziennego funkcjonowania, wzory postępowania. Właśnie w społeczeństwie człowiek zaspokaja swoje potrzeby i może się rozwijać. Relacje człowieka z otoczeniem charakteryzują m.in. umiejętności społeczne, przystosowanie społeczne czy szerzej funkcjonowanie społeczne.
Cel pracy. Celem pracy było przedstawienie problematyki społecznego znaczenie i postrzegania choroby psychicznej, zwrócenie uwagi na stereotypowe społeczne widzenie chorego na choroby psychiczne , zarysowanie form organizacji opieki nad osobami z zaburzeniami psychicznymi, oraz problematyki jakości życia chorych na choroby psychiczne.
Dobór materiału. Poszukiwania przeprowadzono w bazie Scopus za okres 2006-2020, używając pojęć *choroby psychiczne, społeczne postrzeganie choroby, społeczne stereotypy widzenia chorego na choroby psychiczne*. Znalezione piśmiennictwo w bazie Google Scholar przeanalizowano pod kątem największej liczby cytowań. Z tak dobranego piśmiennictwo wyselekcjonowano opracowania, które zdaniem autorów byłyby najbardziej użyteczne w przygotowaniu niniejszego opracowania.
Wnioski. Dążenie do szczęścia i zadowolenia życiowego jest jednym z głównych dążeń człowieka. Efekt tych działań zależy od bieżącego stanu zaspokojenia danych potrzeb, co w głównej mierze decyduje o pełnej satysfakcji jednostki. Sposób oceny satysfakcji bądź jej braku wykorzystuje elementy subiektywnej oceny chorego. Badania jakości życia dotyczą właśnie tych subiektywnych odczuć chorych oraz spojrzenia na chorobę z ich perspektywy. Ocena jakości życia jest miernikiem sytuacji życiowej.

Słowa kluczowe – choroby psychiczne, społeczne postrzeganie choroby, społeczne stereotypy widzenia chorego na choroby psychiczne.

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I. INTRODUCTION

Man is a social being and, as such, he functions in different roles, groups, relations or communities, he is an integral part of the surrounding world, with which he must constantly communicate. Society needs an individual to be able to define his or her life goals, ways of daily life, patterns of behaviour. It is in society that the individual satisfies his or her needs and can develop. Human relationships with the environment are characterized by, among others, social skills, social adaptation or wider social functioning. [1]

Every chronic disease has a significant impact on an individual's current picture of life, interferes with the efficient performance of existing social roles and threatens basic values, life and health. The process of adaptation to conditions determined by the disease is often difficult. This process is made even more difficult by the feeling of losing control over one's own life, state of mind and vision of an uncertain future. All these obstacles demotivate the sick individual to struggle with the disease. [1-4]

II. SOCIAL SIGNIFICANCE AND PERCEPTION OF MENTAL ILLNESS IN DIFFERENT CULTURES

Throughout human history, the sacralisation or demonisation of mental illness alternates. Only their forms, symbolism and socioeconomic and cultural context change [1].

In primitive cultures, where the belief in possession by external forces (ghosts or demons) as the cause of various diseases prevailed, there were two basic attitudes towards "madness". In the first case, when possession was the result of "good" spirits, madness was subject to a kind of social sacralization and the mentally ill person often occupied important functions in the community, e.g. shaman, fortune-teller, sorcerer. Being in contact with a kind supernatural force, she could negotiate, ask for help or use its power. However, when possessed by malicious, hostile demons, the disease and the mentally ill were treated as a source of various misfortunes, surrounded by suspicion, fear, contempt and hostility, which resulted in social stigma and rejection. [5,6]

In the cultures of Egypt and Mesopotamia, mental illness was treated almost exclusively in magical and religious terms. Magical procedures prevailed in the treatment, especially spells supported by astrological and divination practices. In ancient Egypt, treatment of mental disorders was a process of integration and harmony of physical and spiritual factors by using positive supernatural and natural forces. [1] 4

In the Bible there are many descriptions of behaviour that can be attributed to mental disorders, such as the case of King David, who simulated a mental illness to save his life, or the description of a psychosis called lycanthropy that King Nebuchadnezzar was supposed to have fallen upon. The first known hospital for the mentally ill was established in 490 in Jerusalem. [1]

The state of lack of harmony between *Yin* and *Yang* is a view of the cause of health disorders represented for several centuries in China and Japan. The cause of these disorders was the failure to observe *the* principles *of the Tao*, which form a kind of moral guide for living in harmony and harmony with society and the whole world. [1,7]

Medieval Europe and America have been shamefully placed against the background of the ancient world. During witch hunting, many people lost their lives because of various forms of mental disorders. The gradual change in the perception of mental illness is linked to the development of medicine, especially neurology and psychology. When medicine moved away from superstition and quacks and came closer to science, mental illnesses started to be seen as diseases of the mind and brain. [7,8]

III. STEREOTYPES OF PEOPLE WITH MENTAL DISORDERS

Living in society is one of the basic human skills. Mental illnesses disrupt the functioning of the people affected in society to a greater extent and more often than somatic

illnesses. The social disability of people with mental disorders is understood and defined differently by the person affected or their environment, and differently by institutions set up to grant incapacity benefits. [1]

Mentally ill people report much greater difficulties in social functioning than somatic patients. These difficulties include issues of relations with a partner, with the environment, problems in professional work. The area of social adaptation includes [15]:

- social activity, i.e. performing socially expected tasks,
- Onerous behaviour, which includes withdrawal, suspicion, overdependence, hostility,
- satisfaction of a person with mental disorders with their health condition and level of functioning,
- the influence of the person with the disorder on his or her immediate surroundings, e.g. the level of family satisfaction with the patient's functioning.

Among the most common stereotypes of the way in which patients with mental disorders are viewed by the environment are the beliefs that they are dangerous, irresponsible, unpredictable and less able, especially intellectually. There are opinions in society that mental patients are unable to take care of their own affairs and consciously manage their behaviour, that they bear responsibility for their illness, that it is difficult to communicate with them and that their chances of recovery are low. [10]

The level of social functioning is the result of the social skills that one possesses and uses in everyday life, consisting in expressing one's positive and negative emotional states in a socially acceptable way. People with chronic mental illness have difficulties in social functioning. They show limited ability to establish contacts with other people, often withdraw from social contacts. The loss of social skills, disorders of verbal and non-verbal communication and a lower capacity for empathy are a consequence of the illness process, but also the result of prolonged staying in various mental health care facilities. [9]

IV. FORMS OF CARE ORGANISATION FOR PEOPLE WITH MENTAL DISORDERS

The Mental Health Protection Act of 19 August 1994 imposes an obligation on society to provide people with mental disorders with multilateral and universally accessible health care and other forms of care and assistance necessary for living in a family and social environment. [11] According to this model, mental disorders arising and manifested in a patient's abnormal contact with the social environment should be treated primarily in the natural environment of the patient's life, with the participation of family members and others providing support for the patient. Hospitalisations should be limited to the minimum necessary and should be used only in cases of acute mental disorders with threatening behaviour.

The assumption of the community psychiatric care model is not only to reduce or eliminate the symptoms of the disease, but also to improve the functioning in everyday life and social relations of people with disorders, and to maintain or even restore their social roles. Mental Health Clinics, Day Care Centres, Environmental Treatment Teams - these are outpatient facilities where care is provided for adults, adolescents and children with mental disorders, alcohol addicts and psychoactive substances.

Psychiatric Day Care Centres include patients who require frequent medical check-ups, intensive psychological support or nursing care, which cannot be provided in the clinic.

The Environmental Treatment Team is a place for intensive treatment of chronic and recurrent mental disorders which make it difficult for the patient to function in a social

environment and to interact with the environment. The treatment takes place in the patient's home.

V.QUALITY OF LIFE FOR PEOPLE WITH DIFFERENT TYPES OF MENTAL DISORDERS

Recent years have brought a great deal of interest in the quality of life of mentally ill people. The term 'quality of life' probably first appeared in the literature in 1966. [12].

Mental disorders are among the diseases associated with the greatest negative impact on social functioning and quality of life. In psychiatry, the study of quality of life has the advantage that it draws the therapist's attention to the entire situation of the patient, forcing him or her to turn away from focusing solely on psychopathological symptoms. Quality of life testing is a separate element of a patient's situation and does not correlate directly with the presence and intensity of disease symptoms. [13]

People with various mental disorders, due to the specific nature of their condition, face difficulties in their social functioning, especially in the labour market, which significantly reduces their quality of life. The sufferings of people with mental disorders are aggravated by their social intolerance, and this causes them to feel even more anxiety and loneliness. The specific social isolation, which is de-

termined by the stereotyped approach of the environment to the issue of mental disorders, is often the reason why an individual is withdrawing from a specific social role. This significantly deepens the feeling of underestimation of the patient, stimulates bad thoughts and increases the feeling of hopelessness of the situation.

Work and full social acceptance are one of the most important factors motivating a mentally ill person to treatment and rehabilitation. [14]

Over the years the image of a mentally ill person has also changed: from a person sentenced to long-term stays in a psychiatric hospital (often for the rest of his or her life) to a person who is able to prosper outside the hospital in society for a longer period of time. This approach has coincided with the great progress in the pharmacotherapy of these patients. [19]

Health related quality of life (HRQoL) is a concept that presents a subjective assessment of a patient's symptoms, the adverse effects of treatment, the patient's functioning in different areas of life and a general view of life satisfaction and quality. [15,16]

The pursuit of happiness and life's satisfaction is one of man's main aspirations. The effect of these actions depends on the current state of satisfaction of given needs, which mainly determines the full satisfaction of an individual. The method of assessing satisfaction or lack of satisfaction uses elements of subjective evaluation of a patient. Research on the quality of life concerns precisely these subjective feelings of patients and looking at the disease from their perspective. Quality of life assessment is a measure of the life situation. [17-19]

The relationship of the mentally ill person with his or her environment and his or her involvement in social life have a great influence on his or her subjective evaluation of quality of life. Jarema described the quality of life as "a subjective perception of life satisfaction in the context of one's own needs and abilities". [20].

In research on the quality of life, important features examined include: state of health, sense of security, family relations, social relations, spending free time, professional situation, material and living conditions. The feeling of freedom and spiritual fulfillment are also important factors determining satisfaction with life. The ability to manage one's fate also influences the positive assessment of one's own situation. The World Health Organisation gives its definition of quality of life, according to which "...quality of life is an individual's perception of his or her own life situation in the context of the culture in which he or she lives, his or her system of values and the relationship to his or her goals, expectations, standards and interests. It is a very broad concept, which is influenced in a complex way by physical health, mental state, degree of independence, relationships with other people and important characteristics of a person's environment...". [21]

VI. REFERENCES

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